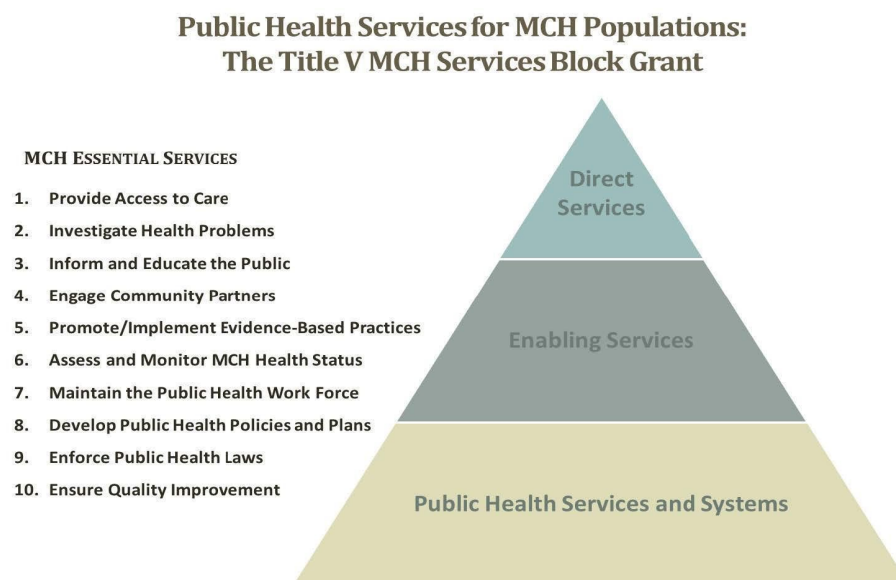


Appendix B – Title V Maternal and Child & Adolescent Health Program

Title V Maternal and Child & Adolescent Health (MCAH) programs are authorized under Title V of the Social Security Act. The Bureau of Family Health (BFH) administers the Title V Maternal Health (MH) and Child and Adolescent Health (CAH) programs, pursuant to an agreement with the United States Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). BFH works with the Bureau of Oral and Health Delivery Systems, who manages the oral health components of the MCAH program.

MCAH Pyramid of Services

Fundamental to MH and CAH programs are services that are family-centered, community-based, collaborative, comprehensive, accessible, flexible, coordinated, culturally appropriate, and developmentally appropriate. MH and CAH programs provide public health services and systems, enabling services, and access to direct health care services. These services are illustrated in the federal 'MCH Pyramid of Core Public Health Services' found below.



1. Overview of the Title V Maternal Health (MH) Program

Iowa's Maternal Health Programs work to make sure more babies can celebrate their first birthday (prevent infant mortality) and improve birth outcomes. This is done through family centered, community based services. IDPH Title V maternal health agencies provide preventive health services to Medicaid eligible and other low income women. The MH Programs focus on:

- Health promotion, quality care for all women and infants, promote social equity and provide preventive health care services.
- Health benefits of breastfeeding for both infants and mothers.
- Improving access to health care for women before, during and after pregnancy through presumptive eligibility determination, care coordination and referral.

MH agencies will address the National Performance Measures (NPM) and State Performance Measures (SPM) that were identified in the FFY2021 Title V Needs Assessment. Key activities for MH program include:

- NPM #4: A) Percent of infants ever breastfed; B) Percent of infants breastfed exclusively through 6 months
- NPM #5: Safe Sleep
- NPM #14: Women who smoke during pregnancy
- NPM # 13 A) Percent of women who had a dental visit during pregnancy
- SPM: Maternal Mortality

For the FFY2021-2025 project period, MH client services will be required based on a two-tiered system.

Tier 1:

All service areas will be required to provide all Tier 1 services in every county in the service area. Core Tier 1 services that will be required for all counties for the MH program include:

- Presumptive eligibility determination
- Care coordination, including dental care coordination
- Transportation
- Interpretation
- Linking to medical and dental homes
- Promoting access to prenatal care beginning in the first trimester

Tier 2:

Identified high-risk counties, based on the number of Medicaid births, will be required to provide Tier 2 services within the identified high-risk county. Tier 2 counties will be pre-determined in the FY2021 MCAH RFP and will require the services of a Registered Nurse. Upon award of a Title V contract, MH agencies applying for a Tier 2 county must enroll with Iowa Medicaid as a Medicaid Maternal Health Center (if not already currently enrolled). With the Maternal Health Center provider designation, MH agencies are able to seek reimbursement for providing prenatal and postpartum services for pregnant women enrolled in Medicaid. Tier 1 only applicants may also enroll as a Medicaid Maternal Health Center and provide Tier 2 services, if they choose to provide these services.

Direct services required for Tier 2 counties include:

- Medicaid prenatal risk assessment
- Health education
- Health screening
- Breastfeeding support
- Home visit by a nurse (capacity to provide if need identified during pregnancy or postpartum)
- Postpartum follow-up (required if home visit is refused); offer through clinic visit (nursing assessment) or care coordination call
- Psychosocial services (required if high risk pregnancy)

Applicants applying for a service area with only Tier 1 counties will not require a Registered Nurse (RN). If a Tier 1 service area chooses to provide the services outlined for Tier 2, they would be required to have an RN to provide the direct services outlined above.

For more information about the Title V MH program, see <http://www.idph.iowa.gov/family-health/maternal-health>. Please note that this site does not reflect the changes being proposed in the FFY2021 Request for Proposal.

2. Overview of Title V Child & Adolescent Health Program (CAH)

Iowa's Child & Adolescent Health (CAH) program incorporates the mission and vision of the Title V program as well as Iowa Medicaid's Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The CAH program's overall vision is to promote healthy outcomes for Iowa's children and adolescents. Title V serves children and adolescents ages 0 to 22 years, and EPSDT serves children and adolescents ages 0 to 21 years.

Through an agreement between the Iowa Department of Public Health and Iowa Medicaid, CAH programs are responsible for implementing selected components of Iowa Medicaid's EPSDT *Care for Kids* program. EPSDT *Care for Kids* is authorized by Title XIX of the Social Security Act and provides health care coverage for Medicaid-enrolled children and adolescents ages 0 to 21 years. The EPSDT program emphasizes an early and regular schedule of preventive health services, including comprehensive screening, diagnosis, and treatment of disease or developmental delay. See [Iowa's EPSDT Care for Kids Periodicity Schedule](#). The EPSDT Care for Kids program serves as the model of services provided for all children served by CAH contractors, regardless of payer source. EPSDT program guidelines are based upon the American Academy of Pediatrics *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*.

Upon award of a Title V contract, CAH providers must enroll with Iowa Medicaid as a Medicaid Screening Center (if not already currently enrolled). With the Screening Center provider designation, CAH agencies are able to seek reimbursement for providing EPSDT services for children ages 0 to 21 enrolled in Medicaid.

Services of the CAH program include the following:

- Informing for new Medicaid enrolled children, birth to age 21 years

- Care coordination
- Direct care services such as developmental screening (ASQ), psychosocial/behavioral assessment (ASQ:SE), blood lead testing, immunization administration, interpretation services, and depression/domestic violence/and drug and alcohol screening for either caregivers or adolescents.

Key CAH activities include:

- Develop quality informing services for newly Medicaid eligible children and adolescents
- Assuring children and adolescents have an established medical home and dental home
- Promoting child and adolescent immunizations
- National Performance Measures (NPM)
 - o NPM #6: Percent of children, ages 9 through 35 months, who receive a developmental screening using a parent-completed screening tool in the past year. This includes promoting Early ACCESS developmental screening (ASQ), psychosocial/behavioral assessment (ASQ:SE), and developmental monitoring for children birth to age 3 years
 - o NPM #10: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
- State Performance Measures (SPM)
 - o Blood lead testing/childhood blood lead poisoning prevention
 - o Early care and education programs receiving child care nurse consultant services through Healthy Child Care Iowa
 - o Hawki Outreach to encourage enrollment in Medicaid or Hawki coverage; Activities include providing presumptive eligibility services for children

Key CAH staff positions include a CAH Program Coordinator, an EPSDT Coordinator, a Hawki Outreach Coordinator, and a CAH Data Administrator.

For more information about the Title V CAH program, see <http://idph.iowa.gov/family-health/child-health> and <http://idph.iowa.gov/epsdt>.